

2177  
41

PTO/SB/21 (02-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/714,785
Filing Date	November 15, 2000
First Named Inventor	Hull, Jonathan J.
Art Unit	2177
Examiner Name	Dodds, Harold E.
Attorney Docket Number	15358-006110US

Total Number of Pages in This Submission

19

**ENCLOSURES (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund  | Return Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                       |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |  |

**RECEIVED**

JUN 16 2004

Technology Center 2100

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Townsend and Townsend and Crew LLP	Reg. No. 43,336
Signature	S. B. Kotwal	
Date	June 7, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

June 7, 2004

Signature

Date

June 7, 2004